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56015 7590 06/26/2007

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Laura E. Kater (Depositor's name)
[Signature] (Signature)
9/20/2007 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/609,285	06/30/2000	Michael L. Asmussen	SEDN/5218	2649

TITLE OF INVENTION: ADVANCED SET TOP TERMINAL HAVING A PROGRAM PAUSE FEATURE WITH VOICE-TO-TEXT CONVERSION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEES DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	09/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
LONSBERRY, HUNTER B	2623	725-087000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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Patterson & Sheridan,
LLP

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Sedna Patent Services, LLC

Philadelphia, PA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

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- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

[Signature]

Date

9/20/07

Typed or printed name

Eamon J. Wall

Registration No. **39,414**

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TO: Commissioner for Patents

FAX NO.: 571-273-2885

FROM: Eamon J. Wall

DATE: 9/20/2007

MATTER: Serial No. 09/609,285 Filed: 06/30/2000

DOCKET NO.: SEDN/5218

APPLICANT: Michael L. Asmussen

The following has been received in the U.S. Patent and Trademark Office on the date of this facsimile:

<input type="checkbox"/> Petition	<input type="checkbox"/> RCE Transmittal Letter (2 copies)
<input type="checkbox"/> Disclosure Statement & PTO-1449	<input type="checkbox"/> Fee Transmittal (2 copies)
<input type="checkbox"/> Priority Document	<input checked="" type="checkbox"/> Deposit Account Transaction
<input type="checkbox"/> Drawings (<u> </u> sheets) informal	<input checked="" type="checkbox"/> Facsimile Transmission Certificate
	dated <u>9/20/2007</u>
	<input checked="" type="checkbox"/> PTOL-85 Fee Transmittal

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LAURA E CRATER
Name of person signing this certificate

Laura E Crater 9/20/2007
Signature and date